

OSCAR REPORT 3
HISTORY FACILITY PROFILE

PAGE: 1

ST GEORGE CARE AND REHAB CTR PROVIDER #: 465064 FACILITY BEDS TYPE ACTION: RECERTIFICATION
1032 EAST 100 SOUTH PHONE NUMBER: (435) 628-0488 TOTAL: 159
ST GEORGE UT 84770 PARTICIPATION DATE: 03/12/1977 CERTIFIED: 159 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 11/18/2004	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 159
-----	-----	-----
TOTAL: 70	ADMISSION SUSPENDED:	18 18/19 19 ICF/MR
MEDICARE: 8	SUSPENSION RESCINDED:	-- ----- --
MEDICAID: 43		159
OTHER: 19		

CURRENT SURVEY REVISIT DATES - 01/06/2005

PRIOR 3 SURVEY 10/2001	S/S CODE	PRIOR 2 SURVEY 08/2002	S/S CODE	PRIOR 1 SURVEY 09/2003	S/S CODE	CURRENT SURVEY 11/18/2004	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	E						REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
		X	K						REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
		X	E						REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
				X	E				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	D				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
		X	E			X P	B	12/28/2004	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
		X	E						REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	B				REQ F0280-DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
				X	B				REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
		X	D						REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	D						REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
				X	E				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	D						REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
		X	D						REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
						X C	E	12/28/2004	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	D				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	K						REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
				X	B				REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
				X	D				REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
		X	K						REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 10/2001	85 EXIST SURVEY 08/2002	85 EXIST SURVEY 09/2003	2000 EXIS CURRENT SURVEY 12/01/2004	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X		X C	01/29/2005	K0018-CORRIDOR DOORS
		X	X F		K0025-SMOKE PARTITION CONSTRUCTION
			X C	01/29/2005	K0038-EXIT ACCESS
	X				K0050-FIRE DRILLS
		X			K0051-FIRE ALARM SYSTEM
			X P	12/15/2004	K0052-TESTING OF FIRE ALARM
			X P	01/29/2005	K0054-SMOKE DETECTOR MAINTENANCE
X	X	X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
X	X		X P	01/29/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
			X P	01/29/2005	K0074-COMBUSTIBLE CURTAINS
X					K0076-MEDICAL GAS SYSTEM
		X			K0130-OTHER
			X C	01/29/2005	K0147-EMERGENCY PLAN

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
-----	-----	-----	-----	-----
CONDITION	0	0	0	0
REQUIREMENT	2	8	11	0
HEALTH TOTAL	2	8	11	0
LIFE SAFETY CODE	9	4	4	3
LIFE SAFETY CODE + HEALTH	11	12	15	3

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
-----	-----
08/18/2004	UNSUBSTANTIATED
08/04/2005	UNSUBSTANTIATED
09/01/2005	SUBSTANTIATED
10/04/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
-----	-----
10/30/2003	COMPARATIVE